



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE BANNER LIFE INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION BANNER LIFE INSURANCE COMPANY

2. LOCATION ROCKVILLE, MD 20850-

NAIC Group Code 0872		BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2010			NAIC Company Code 94250			
		Comprehensive Health Coverage								
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Government Business (excluded by statute)	5 Other Business (excluded by statute)	6 Other Health	7 Subtotal (Cols 1 thru 6)	8 Uninsured Plans	9 Total (7 + 8)
1.	Premium:									
1.1	Health premiums earned (From Part 2, Line 1.8)	73	0	0	0	0	0	73	XXX	73
1.2	Federal high risk pools							0	XXX	
1.3	State high risk pools							0	XXX	
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	73	0	0	0	0	0	73	XXX	73
1.5	Federal taxes and federal assessments							0		
1.6	State insurance, premium and other taxes (Similar local taxes of \$.....)							0		
1.7	Regulatory authority licenses and fees							0		
1.8	Adjusted premiums earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	73	0	0	0	0	0	73	XXX	73
1.9	Net assumed less ceded reinsurance premiums earned							0	XXX	
1.10	Other adjustments due to MLR calculations - Premiums							0	XXX	
1.11	Risk revenue							0	XXX	
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	73	0	0	0	0	0	73	XXX	73
2.	Claims:									
2.1	Incurred claims excluding prescription drugs	(2)						(2)	XXX	(2)
2.2	Prescription drugs							0	XXX	
2.3	Pharmaceutical rebates							0	XXX	
2.4	State stop loss, market stabilization and claim/census based assessments							0	XXX	
3.	Incurred medical incentive pools and bonuses							0		
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)							0		
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 - 2.3 - 2.4 + 3) (From Part 2, Line 2.10)	(2)	0	0	0	0	0	(2)	XXX	(2)
5.1	Net assumed less ceded reinsurance claims incurred							0	XXX	
5.2	Other adjustments due to MLR calculations - Claims							0	XXX	
5.3	Rebates paid							0	XXX	
5.4	Estimated rebates unpaid prior year							0	XXX	
5.5	Estimated rebates unpaid current year							0	XXX	
5.6	Fee for service and co-pay revenue							0	XXX	
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	(2)	0	0	0	0	0	(2)	XXX	(2)
6.	Improving Health Care Quality Expenses Incurred:									
6.1	Type A Expenses for health improvements other than Health Information Technology							0		
6.2	Type B Health Information Technology expenses related to health improvement							0		
6.3	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)	0	0	0	0	0	0	0	0	0
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 1.8	(0.027)	0.000	0.000	XXX	XXX	XXX	XXX	XXX	XXX
8.	Claims Adjustment Expenses:									
8.1	Cost containment expenses not included in quality of care expenses in Line 6.3							0		
8.2	All other claims adjustment expenses							0		
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX
10.	General and Administrative (G&A) Expenses:									
10.1	Direct sales salaries and benefits							0		
10.2	Agents and brokers fees and commissions							0		
10.3	Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)							0		
10.4	Other general and administrative expenses							0		
10.5	Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.3 - 8.3 - 10.5)	75	0	0	0	0	0	75	XXX	75
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)							0		
15.	Net gain or (loss) (Lines 1.1 + 1.2 + 1.3 - 1.4)	XXX	XXX	XXX	XXX	XXX	XXX	75	XXX	75
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses)							0		
OTHER INDICATORS:										
1.	Number of Certificates / Policies	1						1		1
2.	Number of Covered Lives	1						1		1
3.	Number of Groups	XXX						0		
4.	Member Months	12						12		12

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SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE BANNER LIFE INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION BANNER LIFE INSURANCE COMPANY

2. LOCATION ROCKVILLE, MD 20850-

NAIC Group Code 0872

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2010

NAIC Company Code 94250

		Comprehensive Health Coverage			4 Government Business (excluded by statute)	5 Other Business (excluded by statute)	6 Other Health	7 Total
		1 Individual	2 Small Group Employer	3 Large Group Employer				
1.	Health Premiums Earned:							
1.1	Direct premiums written.....	73						73
1.2	Unearned premium prior year.....	1						1
1.3	Unearned premium current year.....	1						1
1.4	Change in unearned premium (Lines 1.2 - 1.3).....	0	0	0	0	0	0	0
1.5	Reserve for rate credits prior year.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.6	Reserve for rate credits current year.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.7	Change in reserve for rate credits (Lines 1.5 - 1.6).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.8	Total direct premiums earned (Lines 1.1 + 1.4 less \$..... write offs).....	73						73
1.9	Assumed premiums earned from non-affiliates.....							
1.10	Net assumed less ceded premiums earned from affiliates.....							
1.11	Ceded premiums earned to non-affiliates.....							
1.12	Other adjustments due to MLR calculation - Premiums.....							
1.13	Net premiums earned (Lines 1.8 + 1.9 + 1.10 - 1.11 + 1.12).....	73	0	0	0	0	0	73
2.	Direct Claims Incurred:							
2.1	Paid claims during the year.....							
2.2	Direct claim liability current year.....							
2.3	Direct claim liability prior year.....							
2.4	Direct claim reserves current year.....							
2.5	Direct claim reserves prior year.....							
2.6	Direct contract reserves current year.....	11						11
2.7	Direct contract reserves prior year.....	13						13
2.8	Incurred medical incentive pools and bonuses (Lines 2.8a + 2.8b - 2.8c).....	0	0	0	0	0	0	0
2.8a	Paid medical incentive pools and bonuses current year.....							
2.8b	Accrued medical incentive pools and bonuses current year.....							
2.8c	Accrued medical incentive pools and bonuses prior year.....							
2.9	Net healthcare receivables (Lines 2.9a - 2.9b).....	0	0	0	0	0	0	0
2.9a	Healthcare receivables current year.....							
2.9b	Healthcare receivables prior year.....							
2.10	Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 - 2.9).....	(2)	0	0	0	0	0	(2)
2.11	Assumed incurred claims from non-affiliates.....							
2.12	Net assumed less ceded incurred claims from affiliates.....							
2.13	Ceded incurred claims to non-affiliates.....							
2.14	Other adjustments due to MLR calculation - Claims.....							
2.15	Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 - 2.13 + 2.14).....	(2)	0	0	0	0	0	(2)
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only).....							

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SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE BANNER LIFE INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION BANNER LIFE INSURANCE COMPANY

2. LOCATION ROCKVILLE, MD 20850-

NAIC Group Code 0872		BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2010				NAIC Company Code 94250			
3A	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
1.1	Salaries (including \$ for affiliated services)						0				0
1.2	Outsourced services						0				0
1.3	EDP equipment and software (incl \$ for affiliated services)						0				0
1.4	Other equipment (excl. EDP) (incl \$ for affiliated services)						0				0
1.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	0				0
1.6	Other expenses (incl \$ for affiliated services)						0				0
1.7	Subtotal before reimbursements and taxes (1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
1.8	Reimbursements by uninsured plans and fiscal intermediaries						0				0
1.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1.10	Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
1.11	Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
2.	Small Group Comprehensive Coverage Expenses:										
2.1	Salaries (including \$ for affiliated services)						0				0
2.2	Outsourced services						0				0
2.3	EDP equipment and software (incl \$ for affiliated services)						0				0
2.4	Other equipment (excl. EDP) (incl \$ for affiliated services)						0				0
2.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	0				0
2.6	Other expenses (incl \$ for affiliated services)						0				0
2.7	Subtotal before reimbursements and taxes (2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
2.8	Reimbursements by uninsured plans and fiscal intermediaries						0				0
2.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
2.10	Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
2.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
3.	Large Group Comprehensive Coverage Expenses:										
3.1	Salaries (including \$ for affiliated services)						0				0
3.2	Outsourced services						0				0
3.3	EDP equipment and software (incl \$ for affiliated services)						0				0
3.4	Other equipment (excl. EDP) (incl \$ for affiliated services)						0				0
3.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	0				0
3.6	Other expenses (incl \$ for affiliated services)						0				0
3.7	Subtotal before reimbursements and taxes (3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
3.8	Reimbursements by uninsured plans and fiscal intermediaries						0				0
3.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
3.10	Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
3.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
3B	Quality Improvement Expenses Only	Improving Health Care Quality Expenses									
		1	2	3	4	5					
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	Total (1 to 4)					
1.	Individual Comprehensive Coverage Expenses:										
1.1	HIT expenses					0					0
1.2	Other than HIT expenses					0					0
2.	Small Group Comprehensive Coverage Expenses:										
2.1	HIT expenses					0					0
2.2	Other than HIT expenses					0					0
3.	Large Group Comprehensive Coverage Expenses:										
3.1	HIT Expenses					0					0
3.2	Other than HIT expenses					0					0
4.	Subtotals/Totals:										
4.1	Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1)	0	0	0	0	0					0
4.2	Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)	0	0	0	0	0					0
4.3	Total (Lines 4.1 + 4.2)	0	0	0	0	0					0

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